



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor & Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor
Boston, MA 02108
(617)727-7047 (800) 425-0004 (MA Only)
Fax (617)727-7568
Homepage: www.state.ma.us/dos

APPLICATION FOR CERTIFICATION AS AN
**ASBESTOS TRAINING
PROVIDER**

(In accordance with the provisions of
M.G.L. c. 149, §. 6-6F and 453 CMR 6.09)

FOR DOS USE ONLY

☐ Initial Application

Certification # _____

☐ Renewal Application

Issue Date _____

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

1. APPLICANT INFORMATION

Company Name _____ Telephone Number (____) _____

Website Address www. _____ Fax Number (____) _____

Business Location (Street) _____

City/Town _____ State _____ Zip _____

World Wide Web Address _____

FEDERAL IDENTIFICATION NUMBER _____

2. THE APPLICANT IS:

<input type="checkbox"/>	An Individual/Sole Proprietorship	<input type="checkbox"/>	An Unincorporated Association
<input type="checkbox"/>	A Corporation	<input type="checkbox"/>	A Partnership
<input type="checkbox"/>	A Limited Liability Company	<input type="checkbox"/>	Other (Specify) _____

3. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. List all names, acronyms or other identifiers by which the applicant does or has done business, the address(es) and telephone number(s) of the business.
- b. Training course(s) set forth in 453 CMR 6.10 which you intend to offer:

Worker Initial		Supervisor Initial		Project Designer Initial	
Worker Refresher		Supervisor Refresher		Project Designer Refresher	
Worker Spanish Initial		Inspector Initial		Management Planner Initial	
Worker Spanish Refresher		Inspector Refresher		Management Planner Refresher	
Project Monitor Initial		Project Monitor Refresher		Associated Project Worker Initial	

- c. With respect to the business named in paragraph 1 of this application:

Corporations - A copy of the Corporate Articles of Organization/Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State.

LLC's - A Certificate of Organization (Annual report for renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State

Sole Proprietorships - A Business Certificate issued by the town the company is located in.

Asbestos Training Provider Application

Page 2 of 3

- d. If applicants have employees they must provide evidence that Asbestos Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program. The Certificate of Insurance must include the assigned policy number, or other indication that asbestos operations are covered under the policy, and list the Division of Occupational Safety with current address as the certificate holder.
- e. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- f. A sample agenda for each training course which the applicant intends to offer, which shows topics covered and the amount of time to be given to each topic.
- g. A copy of the training manual and all printed material to be distributed in each course.
- h. A description of the teaching methods to be employed, including audio-visual aids.
- i. A description of the hands-on training to be provided (where required), including protocols for instruction, training methods, numbers of students to be accommodated, and ratio of students to instructors.
- j. A description of the equipment that will be used in both classroom lectures and in hands-on training.
- k. A list of the names and qualifications of the persons who will provide the training in each course, including their education, training, and experience.
- l. An example of the written examination to be given in each course.
- m. A list of the tuition or other fees required.
- n. A copy of the certificate of completion to be given to participants. The certificate should contain the exact training location as well as the requirements to 453 CMR 6.09 § 3(c).
- o. A list of all states and federal agencies which have certified, accredited or given other forms of approval to the applicant to provide asbestos training, including the name, address and telephone number of the person, department, or agency giving such approval, and copies of all such written approvals received.
- p. A statement made under the penalties of perjury by a Responsible Person of the applicant that the applicant will comply with the applicable requirements of 453 CMR 6.00.
- q. A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$1,750.00. If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

4. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, _____, do hereby state,
 (Print Name) (Title)
 under the pains and penalties of perjury, that my firm has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support. (M.G.L. c. 62c, § 49A).
 I further state, under the pains and penalties of perjury, that I that all employees to be engaged in Asbestos Work are certified, or will be certified prior to any work being performed by them, pursuant to the requirements of 453 CMR 6.00.
 I further state, under the pains and penalties of perjury, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE _____

DATE _____

(FOR OFFICIAL DOS USE ONLY)

	ITEMS APPROVED BY:		DATE:	
FEE RECEIVED				
WORKERS COMPENSATION				
ART OF ORG/ANNUAL REPORT/DBA				
MANUALS/UPDATES SUBMITTED				
COPIES OF ALL VIOLATIONS				
SERVICES APPROVED	Worker Initial		Supervisor Initial	
	Worker Refresher		Supervisor Refresher	
	Worker Spanish Initial		Project Designer Initial	
	Worker Spanish Refresher		Project Designer Refresher	
	Project Monitor Initial		Management Planner Initial	
	Project Monitor Refresher		Management Planner Refresher	
	Inspector Initial		Associated Project Worker Initial	
	Inspector Refresher			
APPL. COMPLETE - OK TO ISSUE				